,)
PLACE OF BIRTH ARIZ	ONA STATE BOARD OF HEALTH
	F VITAL STATISTICS State Index No
District of ORIGINAL CE	ERTIFICATE OF BIRTH Co. Register No. 2/9
Town of	Local Registrar's No. /2
City of (No.	St; Ward)
200	~
FULL NAME OF CHILD & Jucture	icedo S Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive	
Child Male Triplet and in of	mber order birth Legitimate? L
Full FATHER Name	Full , MOTHER Maiden
_ Truncisco acido	Name Serlanda Sauchen
Residence I Layden	Residence / frudew
Color Age at last 57 or Race Birthday 57	Color Age at last 33
(Years)	Lequan (Years)
Birthplace Mufeco	Birthplace Millan
Occupation	Occupation I Language MA
4)
Number of child of this mother	Were precautions taken against Ophthalmia neonatorum?
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
I hereby certify that I attended the birth of the above child; and that it occurred on July 18 19 P.2, at 300 MM.	
When there is no attending physician or midwife, then the householder should make this return.	(Signature) Shancisco acedo (Attending physician, midwife, householder.)
Given or Christian name added from a	Address I Layden, and
supplemental report191	1/20 1982 25/3/ Just.
1111 211 222	O O LOGAL REGISTRAR.
4/6-1/8-829 Filed 5-	A True Copy (8 9 5)
COUNTY REGISTRAR.	COUNTY REGISTRAR.
	/

,

,